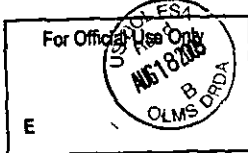


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 9745	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name John D Lewis P O Box, Bldg, Room No, if any Street 2901 Cook Road City ST JOSEPH State MISSOURI ZIP Code + 4 64506	4 Name, file number, and address of labor organization Name Food and Commercial Wkrs AFL-CIO Labor Organization File Number 540-631 P O Box, Building and Room Number, if any Street 1305 East 27th Street City Kansas City State Missouri ZIP Code + 4 64108-2999
5 Position in labor organization Union REP	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8-8-05

Date

816 842 4086

Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name: MARK + BURKHARD LAW OFFICE

Trade Name, if any: _____

P O Box, Bldg, Room No, if any: SUITE 103

Street: 6700 SQUIBB

City: MISSION

State: KANSAS ZIP Code + 4: 66202

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name: _____

Trade Name, if any: _____

P O Box, Bldg, Room No, if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

11 a Nature of such dealing

REFERRED POTENTIAL
WORKMEN COMPENSATION
CASES

11 b Approximate dollar value of such dealing ~~1000.00~~

12 a Nature of interest held or income received

X-MAS GIFT
CERTIFICATE

12 b Amount 850.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name: TEADY MACC Complex Manager

Trade Name, if any: CONAGRA Foods REFRIGERATION
Foods Group

P O Box, Bldg, Room No, if any: P.O. Box 697

Street: 411 main ST

City: CANTHARY

State: MISSOURI ZIP Code + 4: 64836

14 a Nature of payment

DINNER IN Joplin
MO. ON 8-3-84

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment 60.00